Att rney's Docket No	PATENT
COMBINED DECLARAT	ION AND POWER OF ATTORNEY
	AGE OF PCT, SUPPLEMENTAL, DIVISIONAI JATION OR C-I-P)
As a below named inventor, I hereby de	clare that:
TYPE OI	DECLARATION
This declaration is of the following type	: (check one applicable item below)
⊠ original □ design □ supplemental	
NOTE: If the declaration is for an Internation continuation-in-part application, do not check new	al Application being filed as a divisional, continuation of titem; check appropriate one of last three items.
national stage of PCT	
NOTE: if one of the following 3 items apply DIVISIONAL, CONTINUATION OR C-I-P.	, then complete and also attach ADDED PAGES FOR
☐ divisional ☐ continuation ☐ continuation-in-part (C-I-P)	
WARNING: If the inventors are each not the	HP IDENTIFICATION ne inventors of all the claims, an explanation of the facts the time the last claimed invention was made, should be
I believe I am the original, first and sole	izenship are as stated below next to my name. inventor (if only one name is listed below) or an all names are listed below) of the subject matter is sought on the invention entitled:
TITLE (OF INVENTION
I	HINGES
SPECIFICATION	ON IDENTIFICATION
he specification of which: (complete (a),	(b) or (c))
a) Sis attached hereto. b) was filed on as Serial or Express Mail No., as Serial and was amended on(if ap	No. not yet known

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.				
(c) was described and claimed in PCT International Application No filed on and as amended under PCT Article 19 on (if any).				
ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56 (also check the following items, if desired)				
and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.				
PRIORITY CLAIM (35 U.S.C. § 119)				
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed. (complete (d) or (e))				
(d) no such applications have been filed.				
(e) \boxtimes such applications have been filed as follows.				

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

COUNTRY (OR	APPLICATION	DATE OF FILING	PRIORITY C	LAIMED
INDICATE IF PCT)	NUMBER	(day, month , year)	UNDER 37 U	JSC 119
Finland	20001551	29.06.2000	⊠ YES	NO[]
		25.00.2000	□ IES	NO[
			☐ YES	NO 🗌
			☐ YES	NO _
			☐ YES	NO
			☐ YES	NO.
continuation, divisioned DECLARATION ANI	this application entering al, or continuation-in-part, D POWER OF ATTORN	ths from the filing date of the United States as (1) then also complete ADDEEY FOR DIVISIONAL, (1) application(s) under 35 U.S.	the national stag ED PAGES TO (CONTINIIATION	e, or (2) a
	POWER (OF ATTORNEY		
I hereby appoint the and transact all be (List name and reg	ousiness in the Patent	s) and/or agent(s) to pr t and Trademark Offic	osecute this ap ce connected t	oplication herewith.
Ma	arence A. Green (24,62 ark F. Harrington (31,6 nik Marcovici (42,8	686)		
	(check the follow	ing item, if applicable)		
Attached as the above name representative(s).	part of this declaration d attorney(s) to a	n and power of attorney accept and follow in	y is the authorinstructions fi	ization of com my





SEND CORRESPONDENCE TO

Perman & Green 425 Post Road Fairfield, CT 06430-6232 DIRECT TELEPHONE CALLS TO:

(Name and telephone number)
Mark F. Harrington

(203) 259-1800

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

<u>Esa-Sakari</u>		MÄÄTTÄ	
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NA	ME)
	6 11 1		
Inventor's signature			
Date 26th April	1 2001	_ Country of Citizenship	Finnish
Residence Tampe	ere, Finland	_ ,	
Post Office Address	Finninmäenkatu 12 C 19, I	IN-33710 Tampere, Finla	ınd
Full name of second	joint inventor, if any		
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NA	ME)
Inventor's signature			
Date		Country of Citizenshi	a q
Residence			1
Post Office Address			

(Declaration and Power of Attorney [1-1]-page 4 of 5)





Full name of third joint inventor, if any

(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's sign	nature	
Date		Country of Citizenship
Post Office Add	dress	
CHECK PF	ROPER BOX(ES) FOR ANY OF THE WHICH FORM A PART OF THI	S FOLLOWING ADDED PAGE(S) S DECLARATION
Signatur	re for fourth and subsequent joint in	nventors. Number of pages added
	•••	
Signatur deceased or inco	re by administrator(trix), executor apacitated inventor. Number of page	r(trix) or legal representative for s added
Signatur authorised under	re for inventor who refuses to signer 37 CFR 1.47. Number of pages add	n or cannot be reached by person ded
Added pa where lea	age for signature by one joint inventogal representative cannot be appoint	or on behalf of deceased inventor(s) sed in time (37 CFR 1.47).
Added p	pages to combined declaration and continuation-in-part (C-I-P) applicat	power of attorney for divisional, tion. Number of pages added
Authoriza	ation of attorney(s) to accept	and follow instructions from
	• • •	
(If no further page and check to	ges form a part of this Declaration, the following item:)	then end this Declaration with this
	∑ This de	claration ends with this page.
	(Declaration	and Power of Attorney [1-1]-page 5 of 5)